U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Ol | fficial Use Only |
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1. File Number U 15004

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | Through: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name Russell Taylor | Name I. L. A., Local #1414 |
| | Labor Organization File Number 009936 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any P.O. Box 1262 |
| Street 2202 Krensen St. | Street 221 East Lathrop Avenue |
| City SAVANAJAL | Cily Savannah |
| State Georgia ZIP Code + 4 3 140 5 | State Georgia ZIP Code + 4 31402-1262 |
| 5. Position in labor organization. Chairman of Board | |
| Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu | use or minor child directly or indirectly had any of the following interests usions set forth in the instructions): |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations. | derived income or other economic benefit of on represents or is actively seeking to represent. |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | |
| Sign | ature |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec | ing documents), has been examined by the signatory and is, to the best of the |
| Signed Russell Walay | on 8/12/05 (912)844-5622 |
| • | Date Telephone Number |

| Name of Person Filing Russell Taylor | File Number U- |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is: (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name Russell Taylor Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2202 Krenson Street City Soyanan Ah State GIA ZIP Code + 4 31405 10. If 9.b. or 9.c. is checked give trust or employer's name. | a. Labor Organization ILA - Local #1414 b. Trust c. Employer 11.a. Nature of such dealing. Advanced \$10,000 For Union |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | Labor Day Picnic and paid back to Union All Unspent Funds - See Schedule Attached. |
| Street City State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing, 12.a. Nature of interest held or income received. |
| Deschard from any analysis of the three and any any and any | 12.b. Amount. |
| C. Received from any employer (other than an employer covered un r from any labor relations consultant to an employer any payment of mone | |
| 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street | |
| State Georgia ZIP Code + 4 | |
| 3.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

File Number U-

LABOR DAY PICNIC 2004

| ADVANCE MONEY | | 10,000.00 |
|---------------------------------------------|----------|-----------|
| DOOR PRIZES(WAL-MART DOLLAR TREE/TOYS R US) | 386.18 | |
| U-HAUL | 74.17 | |
| SEAFOOD DISTRIBUTORS, INC. | 1,105.00 | |
| DAVID'S | 280.50 | |
| COASTAL SAIL | 174.55 | |
| MISCELLANÈOUS ITEMS | 131.14 | |
| MASADA RESTAURANT-CATERING | 5,500.00 | |
| MISC. FOOD PURCHASES(SAM'S/WAL-MART) | 439.01 | |

AMOUNT SPENT FROM ADVANCE

AMOUNT REFUNDED FROM TAYLOR

1,771.66

137.79

START UP EXPENSES

SEARS (TENT)

| PROGRESSIVE RECREATION CENTER' | 625.00 |
|--------------------------------|----------|
| COASTAL CENTER(T-SHIRTS) | 349,80 |
| SALARY | 2,724.00 |
| SECURITY | 320.00 |
| PRIZES(DVD/TV/COFFEE MAKERS) | 1,211,51 |

5,230.31*

TOTAL EXPENSES FOR PICNIC

13,458.65*

| San Colon Ville | of America Advantages |
|------------------------------------------------------------------|-------------------------------|
| RUSSELL N. TAYLOR 2202 KHENSON ST. SAVANNAH, GA 31415-1320 | 1298 |
| Pay The order of A LOCAL DIE TO AUSON SO | 14/4 Date 7-24-04 B4-5/610 GA |
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